



## NCHS Data on Arthritis

### About NCHS

The National Center for Health Statistics (NCHS) is the Nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population's health, influences on health, and health outcomes.

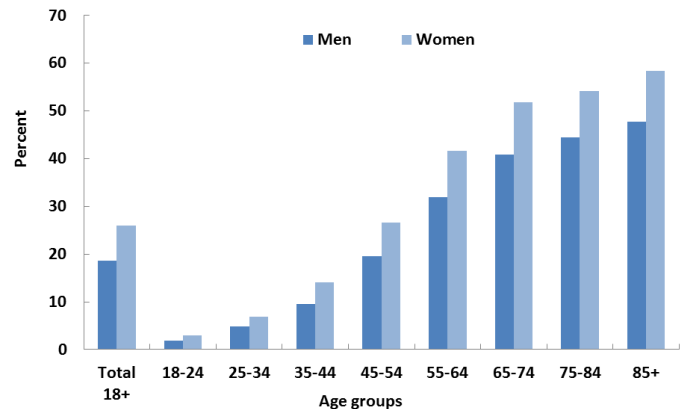
### NCHS Data on Arthritis

NCHS data on arthritis include measures such as arthritis symptoms, activity limitation, health care utilization, and treatment. These measures come from the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Surveys (NHANES), and the National Health Care Surveys (NHCS). Select data are presented here.

Arthritis includes more than 100 rheumatic diseases and conditions affecting joints. The most common types are osteoarthritis and rheumatoid arthritis.

- **Arthritis affects more than 1 in 5 adults aged 18 and over.**
- Approximately 50 million adults have physician-diagnosed arthritis; an additional 35 million have experienced pain, aching, or stiffness in or around a joint in the last month.
- Among adults aged 18 and over, **arthritis affects a larger percentage of women (25.9%) than men (18.6%).** For each age group, women were more likely to report a diagnosis of arthritis than men. Arthritis prevalence increases with age for both men and women.

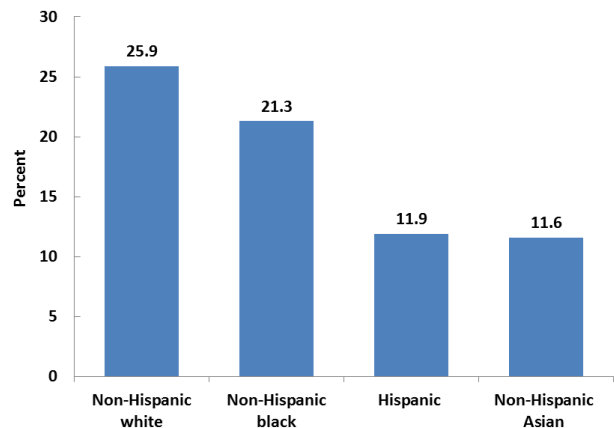
Prevalence of physician-diagnosed arthritis among adults aged 18 and over, by sex and age: United States, 2012–2013



Source: National Health Interview Survey, 2012–2013.

- **Racial and ethnic disparities** exist in physician-diagnosed arthritis. In 2012–2013, the prevalence of arthritis was higher among non-Hispanic white adults than non-Hispanic black adults. Both groups had a higher prevalence of arthritis than Hispanic and non-Hispanic Asian adults.

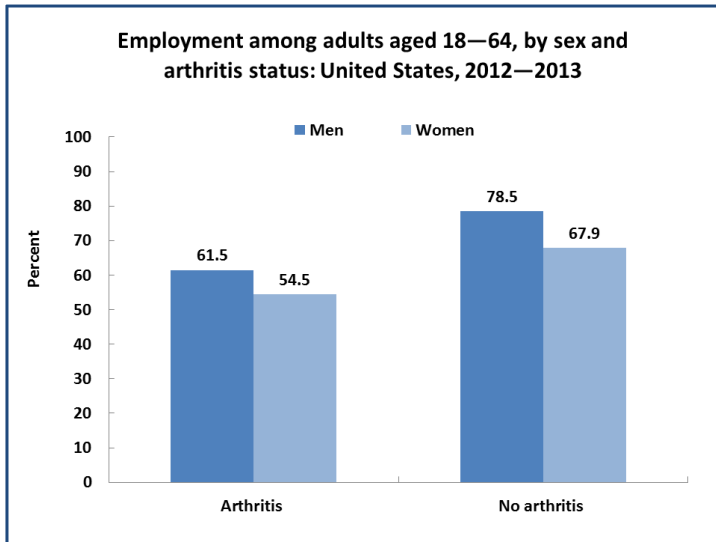
Prevalence of physician-diagnosed arthritis among adults aged 18 and over, by race and ethnicity: United States, 2012–2013



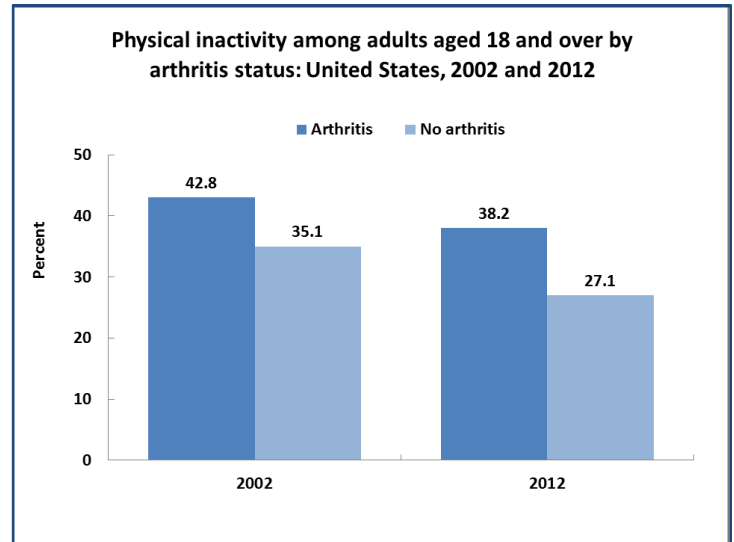
Source: National Health Interview Survey, 2012–2013.

## Living with Arthritis

- In 2012–2013, working-age men and women aged 18–64 with arthritis were **less likely to be employed** than working-age men and women without arthritis.
- Between 2002 and 2012, the proportion of adults with arthritis who were **physically inactive has decreased**. However, during both years, adults with arthritis were more likely to be physically inactive compared with those without arthritis.



Source: National Health Interview Survey, 2012–2013.



NOTE: Inactivity is no reported leisure-time aerobic physical activity.  
Source: National Health Interview Survey, 2002 and 2012.

## Arthritis Treatment

The treatment of arthritis varies by the type, but may involve a combination of lifestyle changes such as maintaining a healthy weight, exercising regularly, getting adequate rest, and reducing stress on affected joints; and, if needed, medication, surgery, and complementary and alternative therapies.

- In 2011–2012, 27.2% of adults aged 18 and over with physician-diagnosed arthritis took a **prescription analgesic** (narcotic or nonnarcotic, including nonsteroidal anti-inflammatories) in the past 30 days.
- Among adults aged 18 and over with physician-diagnosed arthritis, 7.0% used **complementary and alternative health approaches** for arthritis in the past 12 months in 2012. Complementary health approaches used may include one or more of the following: acupuncture, deep breathing, chiropractic care, energy healing therapy, special diets, folk medicine or traditional healers, homeopathic treatment, dietary supplements such as glucosamine, massage, meditation, progressive relaxation, tai chi, or yoga.

## NCHS Arthritis Data Sources

- **National Health Interview Survey**— Collects information on the Nation's health through personal household interviews that measure health status and disability, selected conditions, insurance coverage, access to care, use of health services, immunizations, health behaviors, injury, and the ability to perform daily activities (<http://www.cdc.gov/nchs/nhis.htm>).
- **National Health and Nutrition Examination Survey (NHANES)**—Collects comprehensive information about the health and diet of people in the United States. NHANES is unique in that it combines home interviews with physical examinations and laboratory tests conducted in a Mobile Examination Center. NHANES can directly measure health conditions and provide reliable information on health and disease (<http://www.cdc.gov/nchs/nhanes.htm>).

For further information about NCHS and its programs, visit <http://www.cdc.gov/nchs>.

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